

5/15/02



## **Memorandum of Agreement (MOA)**

### **Purpose**

The purpose of this Agreement is to define between the parties their roles and responsibilities under the Early ACCESS program consistent with the provisions of the Individuals with Disabilities Education Act (Part C). This agreement is not intended to create or convey any benefit to any third party. These Signatory Agencies are committed to the development and implementation of Early ACCESS, which is a comprehensive, coordinated, multi-disciplinary, resource-based, interagency system of services for infants, toddlers, and their families. In development of this coordinated, interagency system, the Agreement will encourage a balance between flexibility of services and resources, and quality and consistency throughout the State. This Agreement will outline joint commitments, roles, and responsibilities of the Iowa Early ACCESS partners, as indicated by the Signatory Agencies.

Specifically, the Agreement will:

- Define the population to be served.
- Identify roles and responsibilities of the Early ACCESS system for families, communities, and Signatory Agencies, including public awareness/child find, screening and identification, service coordination, procedural safeguards, assessment/eligibility, coordinated services planning, and integrated service delivery.
- Identify Early ACCESS system supports, including funding, sharing of information and data management, training/personnel development, coordinated accountability, and resolution of child, family and system issues.

### **Signatory Agencies**

Department of Education

Department of Human Services

Department of Public Health

Child Health Specialty Clinics

The above Signatory Agencies agree to participate on the Executive Committee of the Iowa Council for Early ACCESS for the following purposes:

- Review and assess ongoing Early ACCESS programs and services throughout Iowa.
- Review and assess identified barriers to the effective implementation of programs and services within Early ACCESS.
- Implement and assess new and ongoing initiatives.
- Identify future directions toward the development of an interagency, integrated system of Early ACCESS for all eligible infants and toddlers and their families.
- Meet and communicate regularly for the purpose of carrying out the above responsibilities.
- Implement this interagency agreement.

### **Population to be Served**

This Agreement covers infants and toddlers through age two and their families who meet the following criteria:

- Have a known condition based on informed clinical opinion, known to have a high probability of resulting in later developmental delays in growth and development if early intervention services are not provided.

**Or**

- Have a 25% or more delay as measured by appropriate diagnostic instruments and procedures, and based on informed clinical opinion in one or more areas of the following developmental areas: cognitive development, physical development including vision and hearing, communication development, social or emotional development, and adaptive development.

The Signatory Agencies, as part of the Early ACCESS Executive Council, will continually review this definition and clarify the types of conditions that have a high probability of later delays and clarify other at-risk conditions that are likely to be served by Early ACCESS in the future. Attachment B provides more information about eligibility determination as well as clarification about conditions that are known to have a high probability of later delays. Further guidance for determining eligibility will be developed. The overall goal of annual definition review is to assure that all children who can benefit from early intervention services will receive the needed help and assistance.

### **Early ACCESS Roles and Responsibilities**

#### ***Public Awareness/Child Find***

The Signatory Agencies agree that there will be a consistent message for Early ACCESS within and across agencies. As such, the Signatory Agencies agree to participate in the implementation of state, regional, and community activities addressing general public awareness about early intervention as well as procedures for accessing the Iowa system of

early intervention services (Early ACCESS). Each Signatory Agency will identify internal contacts for their agency to work with the lead agency, Early ACCESS Grantees, or other Signatory Agencies for participation in public awareness and child find activities and appropriate follow-up. To further promote a common message, the Signatory Agencies agree to provide information and training for their employees regarding public awareness/child find activities to be carried out within and across agencies.

As lead Part C agency, the Iowa Department of Education will be responsible for the development of policies and procedures for overall public awareness and child find, as well as the materials to be disseminated across the State. Existing and new policies, procedures, and materials will be reviewed by the Early ACCESS Executive Committee and then by the Iowa Council for Early ACCESS. The interagency public awareness and child find policies and procedures will seek to reduce duplication of efforts across agencies and to complement the various agency-specific activities carried at the state and regional/community levels.

The Signatory Agencies will broadly disseminate all public awareness and child find procedures and materials throughout Iowa. The Early ACCESS office, within the lead agency, will distribute materials to Early ACCESS Grantees. These materials will include general public information brochures, development wheels, and information about interagency screening and referral activities. Early ACCESS Grantees will ensure that staff of the signatory parties in their regions are informed of the referral procedures for Early ACCESS.

As part of the public awareness and child-find procedures, the Signatory Agencies will continue to support a toll-free information referral line. All parties to this agreement agree to promote the use of this central referral process and agree to refer children to the Early ACCESS program. All Signatory Agencies will disseminate information regarding the toll-free information referral line to the regional contacts for appropriate follow-up. The Signatory Agencies agree that the Early ACCESS Grantees will follow-up on referrals received to Early ACCESS.

### ***Screening and Identification***

The Signatory Agencies agree to an integrated, interagency screening and identification process that will include agreed-upon clear points of entry and standards and procedures for screening. Such screening efforts should include, but not be limited to:

- Activities and programs such as Early Head Start,
- The Iowa Review of Family Assets,
- Child Fairs and Roundups,
- Early and Periodic Screening, Diagnosis and Treatment Program (EPDST),
- Developmental Checks,
- The Child Health Specialty Clinics' Early Childhood Program,
- High risk hospital follow-up programs,
- Use of developmental checklists,
- Health screening,

- Vision and hearing screenings at the schools and/or agencies,
- Metabolic screening,
- Screening by individual professionals within and across participating agencies.

### ***Service Coordination***

It is agreed that all Signatory Agencies will continue to make available staff from their agencies who can provide initial and/or ongoing service coordination to Early ACCESS children and their families. All Signatory Agencies agree to work with Early ACCESS state and regional staff to provide collaborative guidance and technical assistance to these service coordinators who are from signatory and partnering agencies (i.e., area education agencies, Title V Maternal and Child Health agencies, Department of Human Services, Child Health Specialty Clinics, family support programs, other agency partners, and contracted providers).

A service coordinator will be assigned to each child and family immediately after a referral for early intervention services is received at the regional Early ACCESS office. Service coordinators support parents immediately from referral through evaluation, assessment, Individualized Family Service Plan (IFSP) development, ongoing implementation of the IFSP, and transition.

The Early ACCESS Signatory Agencies shall agree upon the criteria for selection and use of service coordinators, including roles and responsibilities, procedures for referral to and involvement in Early ACCESS, and lines of communication to assure appropriate follow-up and accountability. Each Signatory Agency and their sub-contracting agencies agree to identify a cadre of potential service coordinators and commit to in-kind support to assure that service coordinators are trained and have available time within their overall job assignment to carry out service coordination to the extent that is possible to do so within the limitations of the agency's current budget.

Minimum responsibilities of the service coordinator, if agreed to by a Signatory Agency, will include, but not be limited to:

- ◆ Serving as a single point of contact for parents in obtaining needed services;
- ◆ Using family-centered practices in all contacts with families;
- ◆ Explaining the system of services and resources called Early ACCESS;
- ◆ Identifying child and family concerns/priorities with the parent/family;
- ◆ Obtaining permission for release/exchange of information to appropriate agencies;
- ◆ Providing information to the family about assessment and evaluation; explaining parental rights;
- ◆ Facilitating the ongoing development and revisions of the IFSP by assisting the family to identify new concerns/priorities, resources and services needed and actions to meet those needs;
- ◆ Managing the case file (e.g. including the IFSP and all necessary related information and reports);
- ◆ Providing necessary information at formal periodic reviews and annual evaluations of the IFSP; and
- ◆ Providing information to the parents regarding finances.

### ***Assessment/Eligibility***

Using the definition of the target population of young children to be served included within this Agreement, the Early ACCESS Signatory Agencies shall develop coordinated assessment and eligibility determination procedures that will be utilized across the Departments of Education, Human Services, and Public Health. All agencies party to this Agreement will participate, when appropriate, in the assessment of young children referred for early intervention services. Standards for interagency early intervention assessment and eligibility determinations will be developed and agreed upon by the Early ACCESS Signatory Agencies.

In addition, assessments shall be comprehensive and multidisciplinary consistent with IDEA Part C requirements. Written parental consent shall be obtained prior to conducting evaluations and assessments. Parents have the right to refuse evaluations and assessments conducted, as well as to the provision of early intervention services offered under Early ACCESS.

### ***Procedural Safeguards***

All Signatory Agencies agree and assure that when they provide service coordination, they will observe the following procedural safeguards:

- Evaluation and assessments of each child ages birth through two, referred for suspected developmental delay shall be timely, comprehensive, and multidisciplinary.
- Evaluation and initial assessment activities for each child shall be completed within 45 days from date of referral.
- Written parental consent shall be obtained prior to conducting evaluations, assessments, and the provision of early intervention services.
- Parents have the right to refuse evaluations and assessments conducted and to the provision of early intervention services.
- Parents shall be notified in writing, in the parent's native language, in advance, before a public agency or service provider proposes, or refuses to initiate or change the identification evaluation, or placement of the child, or the provision of appropriate early intervention services to the child or the child's family consistent with the requirements of Part C and State law.
- The rights of eligible children shall be protected if no parent can be identified; the whereabouts of the parents cannot be determined; or the child is a ward of the state under State law. A surrogate for the parent shall be appointed.

### ***Coordinated Services Planning***

The following Principles also guide interagency practices of coordinated resource planning:

- ◆ Early intervention services are family centered and, as such, families are active participants in all aspects of services. Families are the ultimate decision-makers in the amount, type of assistance and the support they seek to use.
- ◆ The IFSP is the family's documentation of the system resources identified to meet the child and family needs.
- ◆ The ongoing "work" between families and providers is about identifying family concerns/priorities, using and building upon family strengths, and identifying the services and supports that will provide necessary resources to meet the identified concerns/priorities.
- ◆ Efforts are made to build upon and use families' informal community support systems before relying solely on professional formal services.
- ◆ Providers across all disciplines collaborate with families to provide resources that best match what the family needs.
- ◆ Support and resources are flexible, individualized, and responsive to the changing needs of families.

Using the above principles of coordinated resource planning, Early ACCESS Grantees will facilitate community involvement. The community represents parents of young children, and public and private service providers, including representatives from the Signatory Agencies' local programs. The Early ACCESS Grantees will be responsible for identifying the multiple resources their service agencies or programs offer to young children and families and for the development of expanded resources based on identified gaps in services. The Signatory Agencies agree to encourage and support, as resources allow, the participation of their appropriate agency staff from local programs or offices to be active participants on these Early ACCESS Grantees. Authorized staff will be given time and supports needed to attend meetings, attend training and assist in collaborative council activities.

An IFSP process will be developed by Early ACCESS, reviewed and approved by the Signatory Agencies. It will be used by all Signatory Agencies to document the ongoing work between families and providers across all agencies that are providing early intervention services. The official file will be kept according to local procedures which are based upon Administrative Rules. For purposes of data management, the Early ACCESS regional office shall maintain copies of the IFSP document. Each agency/party agrees to make available training by Early ACCESS to its employees related to their responsibilities within the IFSP process.

All Signatory Agencies agree to support service coordination for appropriate children and families, after the assignment of the designated Service Coordinator.

### ***Integrated Service Delivery***

In the implementation of the IFSP, all Signatory Agencies will implement strategies as appropriated and funded, that assure integrated services for children and their families across all agencies party to this Agreement. The service coordinator supported by this Agreement

will facilitate access to flexible and individualized interagency services and resources that are responsive to child and family needs.

The Signatory Agencies are committed to annually reviewing existing and needed early intervention services for the purposes of identifying duplication and/or gaps in services. Based on identified gaps, the Signatory Agencies will identify further interagency Early ACCESS services and resources, and develop additional services and resources to meet these identified needs. Efforts to identify and reduce duplication will be made.

Each agency will commit to training of their personnel so that there is knowledge about early intervention programs and services provided by other agencies. This knowledge will also help Early ACCESS programs and services be more integrated and connected at that time when children and their families are transitioning out of Early ACCESS.

The Signatory Agencies recognize the importance of the diversity of families, which will be reflected in the development and implementation of an IFSP. It is further recognized that respite care and other related family supports represent services that need to be expanded and improved in the state. The Signatory Agencies agree to work in collaboration with the Iowa Respite and Crisis Care Coalition to identify statewide and regional respite care and related family support needs and resources.

## **Early ACCESS System Support**

### ***Funding***

Supports and services provided within Early ACCESS for eligible infants and toddlers and their families will be provided at no cost. The Signatory Agencies will utilize state and federal funds that are appropriated and available to fund the implementation of supports under the Early ACCESS system. This funding agreement will coordinate and maximize existing funding across agencies as well as generate additional funding sources. In using these state and federal resources, the Signatory Agencies will use maximum flexibility to support their share of early intervention services under Early ACCESS. Maintenance of effort requirements will be applied to all Signatory parties for the birth through two populations, with IDEA/Part C funds being the payer of last resort. Following is a description of the Part C funding agreement:

- The Iowa Department of Education, under state mandate, will provide year-round special education and applicable early intervention services. Such as service coordination to children beginning at birth using state and/or Part B funds.
- The Iowa Department of Human Services will utilize State and Medicaid (Title XIX) funds to provide social work services, service coordination, family training and counseling to children and families receiving services through family centered, family preservation, foster care, and social casework services within program, eligibility, and budgetary guidelines.

- The Iowa Department of Human Services will provide Medicaid services (Title XIX), support from the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Care for Kid program, and service coordination within program, eligibility and budgetary guidelines.
- The Iowa Department of Public Health will provide IFSP support and assistance when applicable through its federal Title V Maternal and Child Health program; Special Supplemental Nutrition Program for Women, Infants, and Children; Oral Health; HOPES-HFI; and Public Health Nursing Programs. Public Health Nursing Agencies that hold Medicare certification as a home health agency are not obligated to provide skilled services under this agreement. Early intervention services to be provided include health services, nursing services, family training & counseling, and nutrition services. In addition, the Department of Public Health Maternal and Child Health community-based Title V providers will provide service coordination within program eligibility and budgetary guidelines.
- The Iowa Child Health Specialty Clinics will provide appropriate consultation in the areas of nursing, health, nutrition, and medical services with state/federal (Title V) and/or Medicaid funds. Child Health Specialty Clinics will provide appropriate family training & counseling and service coordination.
- Public insurance benefits may be used to provide or pay for Early ACCESS services, except that the state may not require parents to incur an out-of-pocket expense such as the payment of a deductible or co-pay amount incurred in filing a public insurance claim for services provided under Early ACCESS. The State must pay for the cost that a parent otherwise would be required to pay. The State may not use a child's benefits under a public insurance program without obtaining parental consent if that use would
  - Decrease available lifetime coverage or any other insured benefits;
  - Result in the family paying for services that would otherwise be covered by the public insurance program if not for the provision of services under early ACCESS;
  - Increase premiums or lead to the discontinuation of insurance; or
  - Risk loss of eligibility for, or decrease in benefits under home and community-based waivers, based on aggregate health-related expenditures.
- The parent's private insurance may be used to support early intervention services only if a parent provides informed consent and if the parent is informed that their refusal to permit the state to access their private insurance does not relieve the state of its responsibility to ensure that Early ACCESS services are provided at no cost to a parent.

### ***Sharing of Information and Data Management***

The Early ACCESS Signatory Agencies will develop policies and procedures for confidential sharing of child/family record information consistent with federal and state requirements.



The Signatory Agencies agree to develop these procedures consistent with state and federal law so that information can be shared for the purpose of improving and enhancing the quality of services for children and family (e.g., child find, screening, evaluation, IFSP development, and ongoing IFSP implementation).

The Signatory Agencies agree to develop an interagency Early ACCESS data management system in order to further promote collaborative and integrated early intervention services provided for young children in Early ACCESS. Data gathered within this system and any other partnering agency information system will be shared across the Signatory Agencies with the appropriate confidentiality parameters and procedures of the applicable state and federal laws.

### ***Training/Personnel Development***

The Signatory Agencies agree that implementing a coordinated, interagency Early ACCESS system within Iowa will require trained and qualified personnel. Knowledge and skills will be needed by education, health and human service personnel to implement the system vision, purpose, principles, and major functions. All Signatory Agencies agree to work collaboratively at the state and regional level in identifying training needs and in providing the in-kind support to meet these training needs to the extent state and federal funds are available and can be used for this purpose. For example, there is a continued need to enhance staff skills in strengths-based assessment, family-centered practice, and service delivery within natural environments. In addition, the Signatory Agencies agree to work with the colleges, universities, and other training institutions to provide preservice knowledge and skills for new early intervention personnel.

### ***Coordinated Accountability***

Signatory Agencies are committed to quality improvement and continuous improvement of Early ACCESS. The Signatory Agencies agree to develop and to identify and support system outcomes/indicators. In addition, the Signatory Agencies agree to participate on a Work Group for the purpose of establishing a statewide evaluation system for determining the ongoing effectiveness of Early ACCESS. In addition, the Departments of Education, Human Services, and Public Health are committed to interagency accountability for implementing IFSPs.

As a part of state continuous monitoring efforts, an interagency accountability review process will be conducted annually for the first two years and periodically beyond this timeframe as a part of the self-review process within each region of the state. As a part of the interagency accountability review process, stakeholder meetings and other evaluative methods will be carried out to obtain family and agency satisfaction with early intervention services and supports provided.

### ***Resolution of Child, Family and System Issues***

All Signatory Agencies recognize the rapid rate of infant and toddler development and the potential for harm when services to children and families are delayed because of undue system delays. Therefore, all Signatory Agencies value the resolution of child, family and system issues at the earliest and closest level, using the most informal methods possible. All efforts by Signatory Agencies are to result in the resolution of child service and system level disputes in a manner that services are not interrupted and/or that services are initiated on a timely basis.

**Child Service Disputes.** Child service disputes involve issues of perceived violation of IDEA/Part C law/regulations or Iowa Early ACCESS rules. Such disputes involve identification, assessment, and/or service delivery for children and families. They may originate at the regional or state level by families or organizations on behalf of families. All Signatory Agencies agree to a continuum of alternative dispute resolution procedures to resolve Part C child/system issues and concerns. This continuum of procedures meet Part C regulations and are modeled after IDEA/Part B regulations.

**Resolution of Issues through an Informal Process:** All Signatory Agencies agree that efforts will be made to ensure that service providers of, or contracted by, any participating agency will utilize effective resolution strategies to resolve issues and concerns by parents or the agency as early as possible. The Early ACCESS Grantee will provide technical assistance and facilitation, as appropriate, so that issues can be resolved in a timely manner.

**Use of Mediation:** The Early ACCESS system will utilize mediation at any time that a little more formal resolution process is needed to resolve child service concerns. In addition, mediation shall be made available whenever any party has requested a more formal due process hearing request. Early ACCESS trained mediators or other Part C-trained mediators may serve as mediators for any mediation, including those mediations that are agreed-upon and occur prior to a formal due process hearing.

**Formal Complaint Resolution:** When issues and concerns cannot be resolved in an informal manner, a formal complaint can be submitted in writing to the Early ACCESS Grantee and forwarded to the State Coordinator. The Part C rules, policies and procedures (to be developed) will be utilized for resolving formal complaints received.

**Due Process Hearing Procedures:** At any time, a parent, individual, or service provider/agency/organization can request a hearing that will result in a final decision by an impartial due process hearing officer. As stated above, when a hearing is requested, mediation must be offered, and if accepted, will occur before the scheduled hearing. One of three types of hearings is agreed upon by the Signatory Agencies involved: 1) stipulated record hearing (decision based on records only); 2) evidentiary hearing (testimony and evidence of records, documents, exhibits or objects); and 3) mixed evidentiary and stipulated record hearing. If dissatisfied with the decision from the hearing, any party can bring civil action.

Signatory Agencies agree to promote, whenever possible, an increase in the number of trained, impartial Part C mediators and resolution facilitators who can mediate informal and formal child service disputes in a timely fashion. Trained Early ACCESS mediators could serve as mediators for other regions. In addition, Part B due process administrative law judges or mediators will be utilized, as appropriate. The lead agency will serve as the focal point for resolution of interagency system disputes and concerns.

**System Level Disputes.** System level disputes involve conflicts over the roles or responsibilities of an agency partner within Early ACCESS. System-level disputes may involve financial matters, the implementation of Early ACCESS system aspects that are not law or rule (e.g., interagency agreements and policies & procedures), or in the implementation of provisions of this Interagency Agreement. System level disputes may originate from the Signatory Agencies or community partners in the Early ACCESS system, originating at state or regional levels.

The Signatory Agencies agree to the following informal and formal System Level Dispute Resolution process.

**Intra-agency System Disputes.** Whenever there is a system level dispute that involves the services provided by a single agency, dispute resolution procedures of that agency will be utilized to resolve the issue(s) or concern(s). In such instances, that agency's Signatory Agency representative may inform the State Coordinator and Signatory Agencies of the dispute. Technical assistance from the Early ACCESS Grantee, State Coordinator or the Signatory Agency can be requested to resolve intra-agency disputes, as appropriate.

**Interagency System Disputes.** Interagency system disputes will be brought to the attention of the lead agency representative by the Regional Grantee, State Coordinator or any member of the Signatory Agencies. Interagency system disputes will be resolved by the Signatory Agency. Depending on the nature of the issues or parties involved, a neutral person from the Signatory Agencies or another outside person will facilitate the process for resolution. In resolving an interagency system dispute, the Signatory Agencies may request technical assistance from a variety of sources such as the Office of Special Education Programs; Centers for Medicare and Medicaid; Federal Interagency Coordinating Council; and National Early Childhood Technical Assistance Center.

If the interagency system dispute involves legal issues, an opinion from the Attorney General's office may be requested. If the Signatory Agency cannot resolve the interagency system dispute, the Department of Education representative will convene a meeting with the Early ACCESS Signatory Agency management staff and their respective agency Directors.

If the dispute continues to be unresolved, the Directors of the Signatory Agencies will issue a written decision to the Department of Education. If a dispute remains, it will be taken to the state of Iowa Ombudsman Department. Taking the dispute to the Governor's Office is the last resort for resolution.

### **Duration of the Agreement and Signatures**

This Agreement shall become effective immediately upon signing and shall remain in effect for a period of five (5) years, with annual reviews and revisions, as necessary, made by the Signatory Agencies. Signatory Agencies may request a consideration for revision of the Agreement at any time by contacting the lead agency for review and action by the Signatory Agencies and approval by Agency Directors.

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Director, Department of Education

Date

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Director, Department of Human Services

Date

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Director, Department of Public Health

Date

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Director, Child Health Specialty Clinics

Date

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Chief Executive Officer, University of Iowa Health Clinics

Date